

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048608

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12555

FILED JAN 10 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN *St. Louis*Length of stay in 1b  
*24 days*c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION *St. Luke's Hospital*Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*b. COUNTY *St. Louis*c. CITY  
OR  
TOWN *Glendale*Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
*22 Parkland*Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
*Elsie Elizabeth Mueller*4. DATE OF DEATH  
Month Day Year  
*Dec. 29 1962*5. SEX  
*Female*6. COLOR OR RACE  
*white*7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
*11-3-87*9. AGE (last birthday)  
*75*IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
*Buyer*10b. KIND OF BUSINESS OR INDUSTRY  
*Ladies ready-to-wear*11. BIRTHPLACE (City and state or country)  
*St. Louis, Mo.*12. CITIZEN OF WHAT COUNTRY  
*U.S.A.*

13a. FATHER'S NAME

*Louis F. Mueller*

13b. MOTHER'S MAIDEN NAME

*Mary Gruenig*

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
*no*

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

*Miss Sophie Mueller 22 Parkland 22*18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Uremia, obstructive*INTERVAL BETWEEN  
ONSET AND DEATH  
*2 weeks*Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

*Carcinomatosis, generally**6 months*

DUE TO (c)

*Carcinoma of rectum**18 months*PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)*154X*PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *April 1962* to *present* and last saw her alive on *Dec 27, 1962*  
Death occurred at *11:45 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or title)

*William D. Balock, M.D.*

22b. ADDRESS

*114 N. TAYLOR AVE.*

22c. DATE SIGNED

*12/29/62*23a. BURIAL, CREMATION,  
REMOVAL (Specify)*removal*

23b. DATE

*12-31-62*

23c. NAME OF CEMETERY OR CREMATORY

*Valhalla Cemetery*

23d. LOCATION (City, town, or county)

*St. Louis Co., Mo.*

(State)

24. FUNERAL DIRECTOR

*MITTELBERG - GERBER*

25. DATE REC'D. BY LOCAL REG.

*DEC 31 1962*

26. REGISTRAR'S SIGNATURE

*Carl Smith, M.D.*

COLONIAL CHAPEL

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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240243

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81

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Hector J. Lane Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.